	tive on 12/08/20			Spond to a collection of information unless it displays a valid OMB control number Complete if Known				
Fees pursuant to the Consolid	lated Appropriations Act, 2005 (H.R. 4818).			Application Number 10/757,416 Conf. No.: 3383				
FEE TR	!ANS	MITTA		Filing Date		nuary 15, 200		
For FY 2009				First Named Inv		o-Young OH		
101112003				Examiner Name		J. M. Heckert		
Applicant claims smal	Il entity status	. See 37 CFR 1.27	,	Art Unit		92		
TOTAL AMOUNT OF PAY	MENT (\$)	1,170.00		Attorney Docket		65-1798PUS	 1	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
	<u>s</u>	mall Entity		Small Entity		Small Entit	Y .	
Application Type	<u>Fee (\$)</u>		Fee (\$		Fee (\$)		Fees Paid (\$)	
Utility	330	165	540	270	220	110	**************************************	
Design	220	110	100	50	140	70	***************************************	
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description						<u>Fee (\$</u>	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent of Total Claims	Poid (\$)		390	195				
- 20 or HP =	Extra Clain 0	ns <u>Fee (\$)</u> X		• Paid (\$) 0.00		Multiple Fee (\$	e Dependent Claims i) Fee Paid (\$)	
HP = highest number of total	al claims paid fo	r, if greater than 20.	_			(4	* min (1)	
<u>Indep. Claims</u> 3 or HP =	Extra Clain 0			Paid (\$) 0.00				
HP = highest number of inde	pendent claims							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u> - 100 =	Extra Shee 0	<u>nts Number</u> / 50 =	of eac	<u>h additional 50 o</u> _ (round up to a w	r fraction whole number	<u>thereof</u> per) x	Fee (\$) Fee Paid (\$) = 0.00	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): Request for Continued Examination (\$810)/Ext. of Time (\$360) 1,170.00								
SUBMITTED BY		2.0						
Signature Registration No. 39538 (Attorney/Agent)						Tele	Telephone 703-205-8000	
Name (Print/Type) James T. Eller, Jr. Com Date July 19, 20							July 19, 2010	
		, ,						

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.